

# QUARTERLY REPORT OF WISCONSIN TAX-PAID CIGARETTES PURCHASED

**Mail your completed report to:**  
Wisconsin Department of Revenue  
Mail Stop 5-107  
PO Box 8900  
Madison WI 53708-8900  
(608) 266-8970

|                                |       |          |   |  |  |  |
|--------------------------------|-------|----------|---|--|--|--|
| Name (as shown on your permit) |       |          | Wisconsin Permit Number<br>CJ - ____ ____ ____ ____<br>CV - ____ ____ ____ ____   |  | Report for Quarter/Year Ending:<br><input type="checkbox"/> March 31, ____<br><input type="checkbox"/> June 30, ____<br><input type="checkbox"/> Sept. 30, ____<br><input type="checkbox"/> Dec. 31, ____  |  |
| dba                            |       |          | (F)CMR - ____ ____ ____ ____<br>Total WI Locations: ____                          |  | Permit Cancellation:<br><input type="checkbox"/> Cancel my permit effective ____<br><br>Check box if:<br><input type="checkbox"/> Name change <input type="checkbox"/> Address change<br>Advise us in writing when you cease operating or<br>have any change to your name, address or ownership. |  |
| Address                        |       |          | Total Out-of-State<br>Locations: ____   |  |  |  |
| City                           | State | Zip Code | Your Federal Employer ID No.<br>(and SSN# if sole proprietor):<br>FEIN ➡<br>SSN ➡ |  |  |  |

Permittees who receive **only tax-paid cigarettes with Wisconsin cigarette stamps affixed** must complete this report on a quarterly basis and file it with the Wisconsin Department of Revenue. The report is due on or before the 15th day of the month following the end of the quarter and must be filed even when you do not have any transactions during a quarter. A \$10 penalty applies to each report that is filed late. Keep a copy of this report in your records for at least 4 years. **Express all purchases in single cigarettes not packs or cartons.**

A "multiple retailer" permittee (CMR or FCMR) must also prepare a separate report for each store location in Wisconsin. The reports must be attached to a cover sheet listing the following permittee information: Wisconsin seller's permit number, store name (d/b/a), address, and cigarette total for the quarter. Enter the grand total on line 21 of your cover sheet.

| Line | Invoice  |      | Purchased From | Wis. Permit No.<br>(F)CD or (F)CJ<br>Enter 4 digit # | City | WISCONSIN STAMPED<br>Single Cigarettes |       |
|------|--|------|----------------|--|------|--|-------|
|      | Number   | Date |                |  |      |  |       |
| 1    |  |      |                | ____ _   |      |  | (000) |
| 2    |  |      |                | ____ _   |      |  |       |
| 3    |  |      |                | ____ _   |      |  |       |
| 4    |  |      |                | ____ _   |      |  |       |
| 5    |  |      |                | ____ _   |      |  |       |
| 6    |  |      |                | ____ _   |      |  |       |
| 7    |  |      |                | ____ _   |      |  |       |
| 8    |  |      |                | ____ _   |      |  |       |
| 9    |  |      |                | ____ _   |      |  |       |
| 10   |  |      |                | ____ _   |      |  |       |
| 11   |  |      |                | ____ _   |      |  |       |
| 12   |  |      |                | ____ _   |      |  |       |
| 13   |  |      |                | ____ _   |      |  |       |
| 14   |  |      |                | ____ _   |      |  |       |
| 15   |  |      |                | ____ _   |      |  |       |
| 16   |  |      |                | ____ _   |      |  |       |
| 17   |  |      |                | ____ _   |      |  |       |
| 18   | <b>SUBTOTAL</b> (add lines 1 through 17)   |      |                |  |      |  |       |
| 19   | <b>Amount brought forward from line 56 on the reverse side of this form</b>                          |      |                |  |      |  |       |
| 20   | <b>GRAND TOTAL FOR QUARTER</b> (add lines 18 & 19). Complete this line only on final page of report. |      |                |  |      |  |       |

**DECLARATION:** I declare under penalties of law that I have examined this report and all attachments and to the best of my knowledge and belief, it is true, correct and complete.

|  |  |                                      |      |
|--|--|--------------------------------------|------|
| Signature of Permittee (or authorized agent) | Preparer's Name (please print or type) | Preparer's Phone Number<br>(       ) | Date |
|--|--|--------------------------------------|------|

**If you have questions or need more reporting forms . . .**

- Call (608) 266-8970
- Fax (608) 261-7049
- E-mail: [excise@dor.state.wi.us](mailto:excise@dor.state.wi.us)

| Line | Invoice  |      | Purchased From | Wis. Permit No.<br>(F)CD or (F)CJ<br>Enter 4 digit # | City | <b>WISCONSIN STAMPED</b><br>Single Cigarettes |    |  |
|------|--|------|----------------|--|------|---|----|--|
|      | Number   | Date |                |  |      |   |    |  |
| 21   |  |      |                | — — — —  |      |   |    |  |
| 22   |  |      |                | — — — —  |      |   |    |  |
| 23   |  |      |                | — — — —  |      |   |    |  |
| 24   |  |      |                | — — — —  |      |   |    |  |
| 25   |  |      |                | — — — —  |      |   |    |  |
| 26   |  |      |                | — — — —  |      |   |    |  |
| 27   |  |      |                | — — — —  |      |   |    |  |
| 28   |  |      |                | — — — —  |      |   |    |  |
| 29   |  |      |                | — — — —  |      |   |    |  |
| 30   |  |      |                | — — — —  |      |   |    |  |
| 31   |  |      |                | — — — —  |      |   |    |  |
| 32   |  |      |                | — — — —  |      |   |    |  |
| 33   |  |      |                | — — — —  |      |   |    |  |
| 34   |  |      |                | — — — —  |      |   |    |  |
| 35   |  |      |                | — — — —  |      |   |    |  |
| 36   |  |      |                | — — — —  |      |   |    |  |
| 37   |  |      |                | — — — —  |      |   |    |  |
| 38   |  |      |                | — — — —  |      |   |    |  |
| 39   |  |      |                | — — — —  |      |   |    |  |
| 40   |  |      |                | — — — —  |      |   |    |  |
| 41   |  |      |                | — — — —  |      |   |    |  |
| 42   |  |      |                | — — — —  |      |   |    |  |
| 43   |  |      |                | — — — —  |      |   |    |  |
| 44   |  |      |                | — — — —  |      |   |    |  |
| 45   |  |      |                | — — — —  |      |   |    |  |
| 46   |  |      |                | — — — —  |      |   |    |  |
| 47   |  |      |                | — — — —  |      |   |    |  |
| 48   |  |      |                | — — — —  |      |   |    |  |
| 49   |  |      |                | — — — —  |      |   |    |  |
| 50   |  |      |                | — — — —  |      |   |    |  |
| 51   |  |      |                | — — — —  |      |   |    |  |
| 52   |  |      |                | — — — —  |      |   |    |  |
| 53   |  |      |                | — — — —  |      |   |    |  |
| 54   |  |      |                | — — — —  |      |   |    |  |
| 55   | If additional space is necessary to list all your purchases, attach a schedule and enter the subtotal of those purchases on this line. |      |                |  |      |   |    |  |
| 56   | <b>SUBTOTAL</b> - Add lines 21 through 55. Enter here and on line 19 on the front of this form.  |      |                |  |      |   | \$ |  |